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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/737,208
	Filing Date	December 16, 2003
	First Named Inventor	Stephen D. Gillies
	Art Unit	1646
	Examiner Name	X. Xie
	Attorney Docket Number	LEX-023

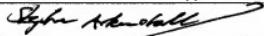
I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: 051414 Please change the correspondence address for the above-identified application to: The address associated with
Customer Number: 051414**OR** Firm or
Individual Name

Address			
City			
Country	State	Zip	
Telephone	Email		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	STEPHEN ARKINSHALL		
Date	7/30/08	Telephone	781-681-2780

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 1 forms are submitted.